

ORGANIZATION AND CONTROL OF CARRIER

1. State full and exact name and address of carrier making this report.

Carrier: \_\_\_\_\_ PUC No. \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Insert an "X" if new address within the last 12 months ( )**

Business Name (dba): \_\_\_\_\_  
Business Address (other than P.O. Box): \_\_\_\_\_  
Phone: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

- 2a. **2001 Annual Financial Reports** (AFR) are available on our Department web site.  
Thus, if you need additional copies of this report, please go to:

<http://www.state.hi.us/budget/>

3. Date first started business: \_\_\_\_\_

4. State the various kinds of business, other than contract carriage, in which the carrier was engaged at any time during the year:

\_\_\_\_\_

5. Island(s) in which carrier service is offered: \_\_\_\_\_

6. List companies controlled by carrier:

\_\_\_\_\_

7. List persons or companies controlling carrier; also state percent owned:

\_\_\_\_\_

\_\_\_\_\_

8. Have you filed your current contract agreements with this office?: \_\_\_\_\_

9. Provide the following information regarding your insurance:

- (a) Bodily Injury and Property Damage Liability

Policy Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

- (b) Cargo Insurance

Policy Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

10. Location of carrier's records: \_\_\_\_\_

EXHIBIT A - Continued

11. Name of outside accountant (PA or CPA): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_
12. Preparer of this report:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_
13. Please check (✓) whether account books are kept on a **calendar year** ( ) or **fiscal year** ( ) basis. If fiscal year basis, please state the period: \_\_\_\_\_. Note that this annual financial report must be filed on a calendar year basis.

VERIFICATION

I, \_\_\_\_\_, certify (or declare) that I am duly authorized to  
(Print of Type)  
file this statement; that I have knowledge to the matters contained herein; that the PUC regulated revenues reported herein reflect rates under the lawful tariff(s) filed with this Commission; and that the report set forth in this annual report is complete, true and correct to the best of my knowledge, information and belief.

Signature \_\_\_\_\_

Title \_\_\_\_\_  
Carrier \_\_\_\_\_

Date: \_\_\_\_\_

## EXHIBIT A - Continued

### Additional Information For Corporations and Partnerships Only

14. Date of Incorporation: \_\_\_\_\_  
Incorporation in the State of: \_\_\_\_\_

15. Names of Directors/Partners:

[illegible]

16. Names of Officers:

[illegible]